

Tony Martig  
Role: Regions  
[log out](#) | [user guide](#) | [PDF HTML](#)

[Home](#) | [Search](#) | [Reporting](#)

[A/A](#)

## Application #T528431 | Got The Lead Out, LLC

Training Provider - Amendment

Status: Withdrawn  
Submitted Via: CDX

### Summary

#### Open Tasks

Task (#)	Assigned To	Duration (days)
(no records)		

#### Amendment Types

- ☐ New Instructor  
☐ New Manager  
☒ New Training Location  
☐ Other(s)

#### Accreditations Details

Accreditation #	Issuance	Expiration	Sent	View
-----------------	----------	------------	------	------

#### Receipt

Application Postmark: 05/01/2017

Received by EPA: 05/01/2017

Received by Contractor: 05/01/2017

Lead Region: 5

#### Courses

##### Courses of ancestor application

	Jurisdiction	Discipline	Course Level	Language	eLearning?	Decision	Disapproval Sent
1.	All EPA Administered States, Tribes, and Territories (Applicable)	Renovator	Initial	English	N	Approved	

	Jurisdiction	Discipline	Course Level	Language	eLearning?	Decision	Disapproval Sent	Modi
(no records)								

### Applicant Information

Applicant Number: 126720

Listing on EPA's web site: For Evaluation and Abatement  
For Renovation

Is Fee Waiver Requested?: N

Do you request a fee waiver as a:

Nonprofit designation  
Tribe:  
Agency:  
Statute:  
Identification #:

Name of Training Program: Got The Lead Out, LLC

Address Line 1: 3375 Meriam St Suite 205-A

Address Line 2:

City: Muskegon Heights

State: MI

ZIP: 49444

#### Mailing Address

Address Line 1: P.O Box 4911

### Tracking Sheet

#### Actions

Contact Applicant

Withdraw

Return

Request Refund

Change Applicant

Documents (0)

Technical Review

Notes (0)

### Checklist

#### Refresh checklist

(Checklist may not be up-to-date if the application was updated recently. Refresh the checklist to see the latest.)

Show all

City:	Muskegon Heights							
State:	AK							
ZIP:	49444							
Applicant Phone	616-890-6822							
Applicant E-mail	contact@gotheleadout.com							
Applicant Fax	888-280-6828							
Attesting Individual	Title:							
	Name:							
	Phone Number:							
Violation of Regulations?	Yes							
Violation of Regulations Comments	CDX - Exogen circumstances.							
<b>Non-Permanent Training Facilities</b>								
Does the applicant plan to provide training at non-permanent facilities? <input checked="" type="radio"/> Yes <input type="radio"/> No								
<b>Applicant Training Facilities</b>								
<a href="#">(add new)</a>								
Address Line 1	Address Line 2	City	State	ZIP	Type	Edit	Remove	Action
525 Henley St		Knoxville	TN	37902	Primary Training Facility	<a href="#">Edit</a>	<a href="#">Remove</a>	<a href="#">Add</a>
<b>Training Program Managers</b>								
Last Name	First Name	Middle Name	Previous / Maiden name(s)			Action		
Page 1 of 1						10	No records to view	
<b>Applicant Principal Course Instructors</b>								
Last Name	First Name	Middle Name	Previous / Maiden name(s)			Action		
Page 1 of 1						10	No records to view	
<b>Payments</b>								
Payment Vehicles: <a href="#">(add new)</a> <a href="#">(assign existing)</a> <a href="#">(email invoice)</a> <a href="#">(receipt)</a>								
Total Application Fee:						\$0.00		
Amount Assigned:						\$0.00		
Amount Owed:						\$0.00		
ID	Type	Payment Amount	Assigned Amount	Date	Edit	Remove Assigned		
(no records)								
<b>Violations</b>								
<a href="#">Edit</a>								
Violations?:						<input checked="" type="radio"/> Yes <input type="radio"/> No		
Violation Comments:								
<b>Certification of Course Training Material</b>								
	Inspector/Supervisor	Risk Assessor	Project Designer	Abatement Worker	Renovator	Dust Sampling		
EPA Recommended Training Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Authorized state course/program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other LBP Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Facility/Equipment Changes</b>								
<a href="#">Edit</a>								
Facility/Equipment Changes?:						<input checked="" type="radio"/> Yes <input type="radio"/> No		
Comments:								
<b>Additional Information</b>								
Additional Information:								
<b>Certification Statement</b>								
Application Signed?:						<input checked="" type="radio"/> Yes <input type="radio"/> No		
Date:						05/01/2017		
<b>Correspondence History</b>								
Date	Method	Contact	Reply Needed	Details				
<b>Previous Applications</b>								

Application #	Type	Date
143174	Initial	05/01/2017
Successor Applications		
Application #	Type	Date

version 4.0.2

[EPA Home](#) | [Privacy and Security Notice](#) | [Contact Us](#)

